

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-873)**

SERIAL NO. **09/980645** FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		TOTAL	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	3		4		7	
TOTAL DEP.		57		12		69
TOTAL CLAIMS	60		53	15	113	